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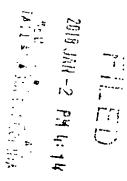
| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Ac | ddress) | | |
| (Ac | ddress) | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bi | usiness Entity Nan | ne) | |
| (De | ocument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: MCFARLAND PROFESSIONAL PAINTING, INC | | | | |
|---|---|--|---|--|
| | 1BER: P10000001571 | | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | | |
| Please return all correspondence concerning this ma | | tter to the following: | | |
| | M KEVIN MCFARLAND | | | |
| | | Name of Contact Person | | |
| | MCFARLAND PROFESSIO | DNAL PAINTING, INC | | |
| | | Firm/ Company | | |
| | 1610 CYPRESS DR | | | |
| | | Address | | |
| | JUPITER, FL 33469 | | | |
| | | City/ State and Zip Code | ; | |
| 1 | Sa Oran afarda a du nina a san | | | |
| Kevi | in@mcfarlandpaint.com | sed for future annual report: | | |
| | E-man address. (to be u | sed for future annual report | nodification) | |
| For further informati | on concerning this matter, plea | se call: | | |
| M KEVIN MCFAR | LAND | at (407 | 8791953 | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | rtment of State: | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section | | | Address ment Section | |
| Di | vision of Corporations | Division of Corporations | | |
| | O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | MCFARLAND | PROFESSIONAL | PAINTING | INC - |
|--|-----------|---------------------|----------|-------|
|--|-----------|---------------------|----------|-------|

| | ntly filed with the Florida D | ent. of State) |
|--|-------------------------------|--|
| P10000001571 | | , |
| (Document Number | r of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation | n adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| N/A | | The new |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corp | |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | N/A | |
| | | 20 |
| C. Enter new mailing address, if applicable: | N/A | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | N/A | pe property and the second |
| | | - FO 1 |
| | | ヹ゙゙ |
| D. If amonding the against and against a discount of the second of the s | Identify of the season of the | 7 |
| D. If amending the registered agent and/or registered office ad | | name of the |
| new registered agent and/or the new registered office addre | | |
| N/A | | |
| | | |
| Name of New Registered Agent N/A | street address) | |
| Name of New Registered Agent N/A | | . Florida |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|---------------------|-------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | S | SHERRIE L MCFARLAND | 1610 CYPRESS DR |
| Add | | | JUPITER, FL 33469 |
| Remove | | | |
| 2) X Change | P | MICHAEL K MCFARLAND | 1610 CYPRESS DR |
| Add | | | JUPITER, FL 33469 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | (Re specific) |
|---|--|
| | (see aprengle) |
| N/A · · · | |
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| nrovisions for implementing the arms | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | adment it not contained in the amendment user: |
| 1/A | |
| //A | |
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| . • | DECEMBER 20, 2017 | |
|---|---|---|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
| · · | CEMBER 31 ,2017 | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date, |) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirement epartment of State's records. | is, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | opted by the shareholders. The number of votes cast for the ame ufficient for approval. | endment(s) |
| | proved by the shareholders through voting groups. The followin reach voting group entitled to vote separately on the amendment | |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were adaction was not required. | opted by the board of directors without shareholder action and s | hareholder |
| The amendment(s) was/were ac action was not required. | opted by the incorporators without shareholder action and sharel | holder |
| DECEMB | ER 27, 2017 | |
| Dated Signature | 1 KM Farland | |
| select | director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary) | |
| | MICHAEL K MCFARLAND | |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | · |